Registration Plate #



Kentucky Transportation Cabinet Division of Motor Carriers CERTIFICATE OF MOTOR VEHICLE EQUIPMENT LEASE

MAIL TO:

PO Box 2007, Frankfort KY 40602-2007 Phone: (502)564-4127 8:00 am - 4:30 pm EST Walk-ins: 8:00 am - 4:00 pm EST http://transportation.ky.gov/dmc

This is to certify that the following described motor vehicle has been leased by the undersigned lessor, the owner thereof, to the undersigned Lessee (one power unit only):

Make	Unit #	Year	Serial # (VIN)	Plate #	State	
and subjection regulation Lease Ag	ect to the pro- s of the Kentu greement tha	visions of the ucky Transport t may be in	motor vehicle equipment has Kentucky Motor Carrier Act ation Cabinet adopted pursua conflict with the rules and aded to comply with such rules	as amended and the ant thereto. Any provis d regulations of the	rules and sion in the	
WITNESS	OUR HANDS	S THIS	DAY OF	20)	
	LES	SOR		LESSEE		
BY:	NAME ar		BY:		· · · · · · · · · · · · · · · · · · ·	
	NAME ar	nd TITLE		NAME and TITLE		
ADDRESS				ADDRESS		
WITNESS	SED:					